

# Camden County, Missouri

## Job Description

Job Title: ***Records Clerk***

Department: ***Sheriff's Office***

Reports To: ***Records Supervisor***

Program: ***Administration***

Probation: ***90 Days***

Status: ***Non-Exempt***

Work Hours: ***40 hours per week***

Pay: ***\$18.57 hourly***

### Job Summary

We are seeking a detail-oriented and organized Records Clerk to join our team. The ideal candidate will be crucial in managing and maintaining accurate records while providing exceptional customer support. This position requires proficiency in clerical and front desk duties. The Records Clerk will ensure that all documentation is handled efficiently and confidentially, contributing to the smooth operation of our office.

### Responsibilities

- Maintain and organize physical and electronic records, ensuring accuracy and confidentiality.
- Provide excellent customer support by assisting the public with inquiries and directing them to the appropriate resources.
- Perform front desk duties, including greeting/helping public/suspects/victims and families.
- Answer and transfer phone calls using a multi-line phone system.
- Utilize Google Docs and the ITI system for document creation, data entry, and communication purposes.
- Type and file documents accurately, ensuring all records are easily accessible.
- Collaborate with team members to improve office processes and enhance record management systems.

### Qualifications

- Previous experience as a Records Clerk or in a similar administrative role is preferred.
- Strong customer support skills with a focus on providing excellent service.
- Proficiency in time management and scheduling tasks effectively.
- Solid office skills with the ability to multitask in a fast-paced environment.
- High level of computer literacy, including familiarity with Microsoft.
- Excellent typing skills with attention to detail for accurate record-keeping.
- Strong organizational skills and the ability to always maintain confidentiality.

**To Apply:**

**Please complete the Camden County Sheriff's Office application and provide a copy of your driver's license.**

**Send resume, application and copy of driver's license via email to**  
**[pamela\\_dunham@camdencountymo.gov](mailto:pamela_dunham@camdencountymo.gov)**

**OR**

**Deliver to the Camden County Sheriff's Office located at 1 Court Circle NW, Suite 13,  
Camdenton, MO 65020**



# Camden County Sheriff's Office

Since 1841

Chris Edgar, Sheriff  
1 Court Circle, Suite 13  
Camdenton, MO. 65020  
[www.camdencountymosheriff.org](http://www.camdencountymosheriff.org)

Emergency: 911  
Office: (573) 346-2243  
Jail: (573) 317-0981  
Fax: (573) 346-2513

## Application for Employment / Personal History Statement

**Note: (PLEASE READ, ACKNOWLEDGE, AND SIGN THIS STATEMENT)**

I fully realize that willfully withholding information or making false or incomplete statements during the pre-employment testing will be a basis for dismissal and permanent disqualification from the Camden County Sheriff's Office and that all information may be verified by a polygraph examination.

SIGNATURE OF APPLICANT: \_\_\_\_\_

Position Applying For: ☐ Deputy Sheriff ☐ Corrections ☐ Communications ☐ Records

### INSTRUCTIONS (READ CAREFULLY BEFORE PROCEEDING)

These instructions will assist you in properly completing your Personnel History Statement. It is essential that the information be accurate in all respects, as it will be used as a basis for a background investigation to determine your eligibility for employment.

1. Your Personal History Statement should be printed legibly in ink. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory services or copies of local phone directories.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
6. An accurate and complete form will help expedite the investigation. Deliberate omissions or falsifications may result in disqualification.
7. Copy of State Issued Photo ID

### APPLICANT IDENTIFICATION – Information provided in this section is used for identification purposes only.

NAME – LAST, FIRST, MIDDLE

SOCIAL SECURITY NUMBER

STREET ADDRESS

CITY, STATE, ZIP CODE

HOME TELEPHONE NUMBER  
( )

ALTERNATE TELEPHONE  
NUMBER  
( )

EMAIL ADDRESS

DATE OF BIRTH  
(MO/DY/YR)

ARE YOU A U.S. CITIZEN?  
☐ YES ☐ NO

DRIVER'S LICENSE NUMBER

STATE OF ISSUE

HAVE YOU EVER HAD YOUR NAME LEGALLY CHANGED?  
☐ YES ☐ NO

IF YES, INDICATE PREVIOUS NAME

NAME AND LOCATION OF CHANGE

REASON OF CHANGE

**RESIDENCE** – list all addresses where you have lived in the past 10 years, beginning with present address. List dates by month and year.

Attach extra page if necessary.

FROM

TO

ADDRESS

NAME, LAST, FIRST MI

SELECTION PROCESS

## EMPLOYMENT HISTORY

BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT, LIST ALL EMPLOYMENT, SELF-EMPLOYMENT, MILITARY OR SEASONAL EMPLOYMENT (INCLUDE ALL PERIODS OF UNEMPLOYMENT). ATTACH EXTRA PAGES IF NECESSARY.

1. FROM	TO	EMPLOYER
ADDRESS		
PHONE NUMBER (   )	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO		
2. FROM	TO	EMPLOYER
ADDRESS		
PHONE NUMBER (   )	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO		
3. FROM	TO	EMPLOYER
ADDRESS		
PHONE NUMBER (   )	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO		
4. FROM	TO	EMPLOYER
ADDRESS		
PHONE NUMBER (   )	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO		

5. FROM	TO	EMPLOYER		
ADDRESS				
PHONE NUMBER ( )		JOB TITLE		
DUTIES				
SUPERVISOR			NAME OF CO-WORKER	
REASON FOR LEAVING				
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO				
6. FROM	TO	EMPLOYER		
ADDRESS				
PHONE NUMBER ( )		JOB TITLE		
DUTIES				
SUPERVISOR			NAME OF CO-WORKER	
REASON FOR LEAVING				
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO				
<p>HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM ANY JOB BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE?  <input type="checkbox"/> YES <input type="checkbox"/> NO  IF YES PLEASE EXPLAIN:</p>				
<b>MILITARY RECORD</b>				
<p>HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO  IF YES PLEASE PROVIDE DD-214 CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY</p>				
DATE OF SERVICE FROM TO		BRANCH OF SERVICE		UNIT DESIGNATION
		MILITARY SERVICE NUMBER		HIGHEST RANK HELD
<p>WERE YOU EVER DISCIPLINED WHILE IN MILITARY SERVICE (INCLUDE COURT MARTIAL, CAPTAIN'S MAST, COMPANY PUNISHMENT)?  <input type="checkbox"/> YES <input type="checkbox"/> NO</p>				
CHARGE	AGENCY	DATE	AGE	DISPOSITION
SELECTIVE SERVICE CLASSIFICATION			SELECTIVE SERVICE BOARD NUMBER	
SELECTIVE SERVICE BOARD ADDRESS			SELECTIVE SERVICE NUMBER	

## EDUCATION

HIGH SCHOOL ATTENDED	CITY AND STATE	DATES ATTENDED		DEGREE	
		FROM	TO	YES	NO

COLLEGE / UNIVERSITY ATTENDED		DATES ATTENDED	
		FROM	TO

DEGREE (S) RECEIVED	DATE OF DEGREE (S)
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COLLEGE / UNIVERSITY ATTENDED		CITY AND STATE		DATES ATTENDED	
				FROM	TO

DEGREE (S) RECEIVED	DATE OF DEGREE (S)
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COLLEGE / UNIVERSITY ATTENDED		CITY AND STATE		DATES ATTENDED	
				FROM	TO

DEGREE (S) RECEIVED	DATE OF DEGREE (S)
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LIST OTHER SCHOOLS ATTENDED (TRADE, VOCATIONAL, BUSINESS, ETC.) GIVE NAME AND ADDRESS OF SCHOOL, DATES ATTENDED, COURSE OF STUDY, CERTIFICATES AND ANY OTHER PERTINENT INFORMATION.

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## SPECIAL QUALIFICATIONS AND SKILLS

LIST ANY SPECIAL LICENSE YOU HOLD (SUCH AS PILOT, RADIO OPERATOR, SCUBA ETC.) SHOWING LICENSING AUTHORITY, ORIGINAL DATE OF ISSUE AND DATE OF EXPIRATION.

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**LIST ANY SPECIALIZED MACHINERY OR EQUIPMENT WHICH YOU CAN OPERATE.**

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**LIST ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS YOU MAY POSSESS.**

[illegible]

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CRIMINAL HISTORY	
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**HAVE YOU EVER BEEN CONVICTED OF ANY CRIME(S) INCLUDING SIS/SES?**

☐ YES   ☐ NO IF YES, COMPLETE THE FOLLOWING.

ALLEGED CRIME	POLICE AGENCY, CITY AND STATE	DATE	DESCRIPTION OF CRIME

DO YOU HAVE ANY INDICTMENTS OR INFORMATION PENDING, CHARGING YOU WITH A CRIME? ☐ YES ☐ NO

DO YOU HAVE ANY INDICTMENTS OR INFORMATION PENDING, CHARGING YOU WITH A CRIME? ☐ YES ☐ NO

**IF YES, GIVE DETAILS**


TRAFFIC RECORD	
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HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? ☐ YES ☒ NO

IF YES, GIVE DATE, LOCATION AND REASON.


LIST TO THE BEST OF YOUR MEMORY ALL DRIVING CITATIONS YOU HAVE RECEIVED (EXCLUDING PARKING TICKETS).

[illegible]

DESCRIBE IN A BRIEF NARRATIVE ANY TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED. GIVE APPROXIMATE DATES AND LOCATIONS.

[illegible]

## REFERENCES

LIST NAMES OF FIVE PERSONS (NOT RELATIVES OR FORMER EMPLOYERS) WHO HAVE KNOWN YOU FOR THE PAST FIVE YEARS

1. NAME		STREET ADDRESS, CITY, STATE, ZIP CODE	
RESIDENCE PHONE (   )	BUSINESS PHONE (   )	BUSINESS ADDRESS	YEARS KNOWN
2. NAME		STREET ADDRESS, CITY, STATE, ZIP CODE	
RESIDENCE PHONE (   )	BUSINESS PHONE (   )	BUSINESS ADDRESS	YEARS KNOWN
3. NAME		STREET ADDRESS, CITY, STATE, ZIP CODE	
RESIDENCE PHONE (   )	BUSINESS PHONE (   )	BUSINESS ADDRESS	YEARS KNOWN
4. NAME		STREET ADDRESS, CITY, STATE, ZIP CODE	
RESIDENCE PHONE (   )	BUSINESS PHONE (   )	BUSINESS ADDRESS	YEARS KNOWN
5. NAME		STREET ADDRESS, CITY, STATE, ZIP CODE	
RESIDENCE PHONE (   )	BUSINESS PHONE (   )	BUSINESS ADDRESS	YEARS KNOWN

LIST THE NAMES OF ANY RELATIVES NOW EMPLOYED OR WORKING FOR THE CAMDEN COUNTY SHERIFF'S OFFICE.

NAME	RELATIONSHIP	NAME	RELATIONSHIP

### PERSONAL DECLARATION

HAVE YOU EVER SOLD OR FURNISHED DRUGS OR NARCOTICS TO ANYONE?

☐ YES   ☐ NO   IF YES, EXPLAIN IN DETAIL


HAVE YOU EVER MADE AN APPLICATION FOR EMPLOYMENT WITH THIS OR ANY OTHER LAW ENFORCEMENT RELATED AGENCY?

☐ YES   ☐ NO

NAME OF DEPARTMENT/AGENCY	DATE APPLIED	ACCEPTED	IF NO, GIVE REASON FOR REJECTION OR DECLINING THE APPOINTMENT
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

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ARE THERE ANY INCIDENTS IN YOUR LIFE OR DETAILS NOT MENTIONED HEREIN WHICH MAY INFLUENCE THIS DEPARTMENT'S EVALUATION OF YOUR SUITABILITY FOR EMPLOYMENT AS A DEPUTY SHERIFF OR NON-CERTIFIED EMPLOYEE OF THE CAMDEN COUNTY SHERIFF'S OFFICE? ☐ YES ☐ NO IF YES, EXPLAIN IN DETAIL.

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the forgoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions or falsifications will be grounds for immediate rejection or termination of employment.

SIGNATURE OF APPLICANT

DATE

## **FINAL APPLICATION CHECKLIST**

Please ensure the following applicable documents or copies thereof are included with this application:

- \_\_\_ STATE ISSUED ID OR DRIVER'S LICENSE
- \_\_\_ DD-214 CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY
- \_\_\_ SIGNED AUTHORIZATION TO RELEASE INFORMATION
- \_\_\_ SIGNED AND NOTARIZED POST BACKGROUND AUTHORIZATION FOR COMMISSIONED OFFICERS

**SIGNATURE OF APPLICANT** \_\_\_\_\_

DEPUTY  
Chris Edgar, Sheriff



PHONE: (573) 346-2243  
FAX: (573) 346-2513

Camden County Sheriff's Office  
1 Court Circle, Suite 13  
Camdenton, Missouri 65020

## AUTHORIZATION TO RELEASE INFORMATION

			Sex	Race	Date of Birth mm/dd/yyyy
Last Name	First Name	Middle Name			
			SSN:		
Place of Birth City	County	State	Country		

This release, when presented by a duly authorized representative of the Camden County Sheriff's Office, constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to the Camden County Sheriff's Office: Employment; Educational; Medical; Drug Testing; Psychological; Selective Service; Police and Criminal; Motor vehicle and Driving; Financial and Credit; Polygraph Examinations; and the UNDELETED copy of the separation document and medical records of the National Personnel Records and Military Personnel Records Centers.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, the Camden County Sheriff's Office. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing an investigation, which may provide pertinent data for the Camden County Sheriff's Office, to consider my suitability for employment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for employment by the Camden County Sheriff's Office. I understand that all materials pertaining to this background investigation become the property of the Camden County Sheriff's Office and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the confidential information or source(s) of information will not be revealed to me, except that I understand that under the provisions of the Fair Credit Reporting Act, 15 U.S.C. §1561 et seq., I may request a copy of any consumer report from the consumer reporting agency that compiled the report.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# **Commissioned Officer's Only**

## **AUTHORIZATION FOR RELEASE OF INFORMATION**

01.18.2018

I, \_\_\_\_\_ hereby authorize any representative of the Missouri Department of Public Safety's Peace Officer Standards and Training (POST) Program to release any and all information and records relating to my peace officer license, and any and all continuing law enforcement education training information and records to the following law enforcement agency:

Officer last four SSN: \_\_\_\_\_

Agency Name: Camden County Sheriff's Office

Contact Person: Lieutenant David Henderson

Phone Number: (573) 346-2243

A photo static copy of this authorization will be considered as effective and valid as the original and shall not expire.

Signature of Licensee:

Date:

\_\_\_\_\_

\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. I am commissioned as a notary public within the county of \_\_\_\_\_, state of \_\_\_\_\_, and my commission expires on \_\_\_\_\_, 20\_\_\_\_.

**NOTARY PUBLIC**